



R & R LABS

RESULTS YOU CAN RELY ON

Reliable Results Labs
600 Fairway Dr STE 104
Deerfield Beach, FL 33441
P: (561) 948-2466 | F: 561-990-1232

New Account Onboarding Form

New Account Setup Policy

When new account paperwork is submitted to the laboratory, our account manager will verify that the following pages have been completed/provided:

- Client Details
- Provider Authorization
- Discontinuation of Lab Services Policy

Upon receipt of all the above applicable documents, our account manager will contact an individual working at the clinic or the salesperson onboarding the clinic. The account manager will:

- Acknowledge receipt of the New Account Onboarding Packet.
- Confirm that the information provided is accurate
- Verify the projected volume and test types to be performed.

Once the information has been verified and approved in-house, we will begin the process of setting up the new account. This process includes generating an access point on our client portal and creating a supply shipment containing all the necessary collection materials to begin sending specimens to our laboratory. If all our communications are answered in a timely manner, the onboarding process can take less than 24 hours from the receipt of the New Account Onboarding Form.

Please Note:

- Any samples received without physician and clinic information on the requisition form are subject to being put on hold or rejected.
- By signing this form, you agree to provide relevant chart notes and medical records for every sample/test order that you are sending to R&R Labs. This should include but not be limited to patient insurance and demographics, current and historical medication lists, and current and historical patient diagnoses/presentations.

Please sign and date below to acknowledge you have received, reviewed, and accept these policies.

Print Name: _____

Title: _____

Signature: _____

Date: _____



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Client Details

Sales Group: _____ Sales Representative: _____

1. Clinic Information

Clinic Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____ Fax: _____

Is the Fax HIPAA Compliant? ☐ Yes ☐ No

Facility NPI: _____ CLIA Number: _____

2. Point of Contact for Clinic

First Name: _____ Last Name: _____ Job Title: _____

Phone Number: _____ ext.: _____ Email Address: _____

3. Ordering Provider Information

Name & Title (MD, NP, etc.)

NPI #

- a. _____
- b. _____
- c. _____
- d. _____

4. Result Report Delivery Preference (In Addition to Portal Access)

☐ HIPAA-Compliant Fax ☐ Secure HIPAA-Compliant Email ☐ Both

By signing below, I certify that the information above is accurate. By signing below, I also authorize and instruct Reliable Results Labs to send patients' lab results to the selection above.

Print Name: _____ Signature: _____ Date: _____

Estimated Monthly Volume of specimens

☐ UTI: _____ ☐ PGX: _____
☐ STI: _____ ☐ NGS: _____
☐ RPP: _____ ☐ OTHER: _____

What is the Carrier Mix?

☐ Medicare: _____% ☐ Medicaid: _____%
Commercial ☐ PPO: _____% ☐ HMO: _____%
Uninsured ☐ Self-Pay: _____% ☐ Client: _____%



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Provider Authorization

Facility Name: _____

Date: _____

I authorize Reliable Results Labs to process and test specimens submitted with accompanying individual test order forms, including those ordered by my practice or by physicians and providers under my supervision. I also authorize the facility Administrator, or a designated representative, to place test orders on my behalf.

I understand and hereby acknowledge that I will only order tests that I believe to be medically necessary to ensure patient compliance with the therapy that I have prescribed. I acknowledge that if required by Medicare, Medicaid, or any payers that I will supply Laboratory and its affiliates with supporting medical records justifying medical necessity. The Office of Inspector General (OIG) also takes the position that a provider who orders medically unnecessary tests for which Medicare reimbursement is claimed, may be subject to civil penalties.

By signing below, I verify that all tests ordered under this account are medically necessary and fall under my authorization. I understand that Reliable Results Labs and its affiliates may utilize their own laboratories or reference partners to perform the testing, and I agree to notify them if I no longer serve as the ordering physician for this account.

Provider Name	Signature	NPI # (REQUIRED)
(Please Print)		
(Please Print)		
(Please Print)		
(Please Print)		



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Discontinuation of Laboratory Services Statement

R&R Labs reserves the right to discontinue services to any account at any time, for any reason. If we have come to the decision to discontinue services, we will follow these steps:

1. We will contact the account and the sales rep to advise them that we will no longer be servicing them. The account will be notified that they have five (5) business days to find another laboratory to send their samples to. This notice will also be sent via FedEx as a hard copy, with a signature required upon delivery.
2. If, on the fifth day, we are still receiving samples, we will contact the account to inform them that it is the last day that we will be accepting their samples.
3. If, on the sixth day, we are still receiving samples, we will contact the account to inform them that the samples are going to be discarded.

Please sign and date below to acknowledge your receipt, review, and acceptance of this policy

Physician Name, Printed: _____

Physician Signature: _____

Date: _____

Sales Rep Name, Printed: _____

Sales Rep Signature: _____

Date: _____